## TRAVEL EXPENSE CLAIM

See Instructions and Privacy

							nt on Reverse Side					Page 1 of 1				
CLAIMANT'S NAME  Motthewy Dovid						SSAN OR EMPLOYEE NUMBER DEPARTM					ENT					
Matthew David POSITION CB/ID NUMBER						DIVISION OR BUREAU GOVERN					nor's Office					
Deputy Chief of Staff						Communications										
Deputy Chief of Staff RESIDENCE ADDRESS						HEADQUARTERS ADDRESS					TELEPHONE NUMBER				-	
2001 Club Center Drive, Unit 1111						State Capitol					(916) 445-1682					
MANUSCAN BOYCHARD SOIL POSCON						CITY STATE					ZIP				1	
Sacramento California 95835						Sacramento Califo					rnia 95814					
L COATION					MEALS			_	T	RANSPORTAT	ION					
Month/year Mar-09		LOCATION WHERE EXPENSES	LODGING							CARFARE,	-		BUSINESS	TOTAL		
DATE	TIME	WERE INCURRED	LODGING	BREAKFAST	LUNCH	DINNER	INCIDENTALS	COST OF TRANS.	TYPE USED	TOLLS,	MILES	CAR USE	EXPENSE	EXPENSES		
								TRAIG.	TIPE USED	PARRING	MILES	AMOUNT	9.7	FOR DAY	1	
5-Mar	12:00pm	LA	210.19			1900						0.00	58.66	268.85		
6-Mar		LA-Columbus				18 34.00	6.00			25 19		0.00		112.55	89.1	
7.1/		Columbus					6.00			900	· · ·				160	
7-Mar	-	Columbus		100			6.00			0.00	<del> </del>	0.00		21.00	179	
8-Mar	11:59pm	Columbus-LA		0 9.62		16.90	/ 6,00	139.60		900 15:00		0.00	48:71	1.87:12	226.2	
				20-00								0.00		0.00		
									-			0.00		0.00		
												0.00		0.00		
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												0.00		0.00		
SUBTOTALS 210.19			9.62	0.00	50.90	18.00	139.60	0.00	102.55	0	0.00	58.66				
COLUMN	CODE (A	ACCTG. USE ONLY	) 3.5.25						<b>的。在</b>			战争。	製物等			
	CLAIM	TOTAL								4	568,54 \$589.52					
PURPOS	E OF TRI	P, REMARKS AND	DETAILS	(Atlach re	ceipts wh	en require	ed)				NORMAL WORK HOURS					
Staff GS for events in Columbus, Ohio																
											PRIVATE VEHICLE LICENSE NUMBER					
											MILEAGE RATE CLAIMED					
In	tern	Luces	2 04	ar I	tale	Sus	unes	22			0.445					
			X							1	AGENCY ACCOUNTING OFFICE					
I HEREBY C	CERTIFY, Tha	at the above is a true state	ment of the tr	avel expense	s incurred by	me in accord	dance with Di	PA rules in th	e service of	he State of		USE	ONLY			
California I	if a privately o	wned vehicle was used ar	nd if mileage	exceeds the n	nınimum rate	, I certify the	cost of the op	erating the v	ehicle was e	qual to or	PAID BY	REVOLVING F	UND CHECK N	UMBER		
greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754												2411178				
CONTRACTOR OF STREET	Name and Address of the Owner, where	y and seat belt usage.				-					0	100	100	)		
CLAIMANT'S	SIGNATURE	1			DATE OLI	1.0	SIGNATURE C	F OFFICER A	PPROVING T	RAVEL AND P	AYMENT		DATE /	1		
	Xa	4)(			5111	104	W.	<u> </u>	4	7)			3/17	100		
SIGNATURE (	OF TITLE OF	UTHORITY FOR SPECIAL I	EXPENSES		25V					THE	20		DATE	1-4		
													,			